

BOARD OF MEDICOLEGAL INVESTIGATIONS  
OFFICE OF THE CHIEF MEDICAL EXAMINER

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By \_\_\_\_\_

Date \_\_\_\_\_

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) ROBERT JAMES TAYLOR, JR.	Age 0 Day(s)	Birth Date 12/11/2018	Race WHITE	Sex M
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HOME ADDRESS - No. - Street, City, State  
11519 HIGHWAY 74, MAYSVILLE, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) CONNIE PAYNE @ PURCELL MUNICIPAL 527-1986	DATE 12/11/2018	TIME 16:55
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INJURED OR BECAME ILL AT (ADDRESS) 11519 HIGHWAY 74	CITY MAYSVILLE	COUNTY GARVIN	TYPE OF PREMISES RESIDENCE	DATE 12/11/2018	TIME 16:00
LOCATION OF DEATH PURCELL MUNICIPAL HOSPITAL	CITY PURCELL	COUNTY MCCLAIN	TYPE OF PREMISES HOSPITAL	DATE 12/11/2018	TIME 16:51
BODY VIEWED BY MEDICAL EXAMINER 921 NE 23RD	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES AUTOPSY SUITE	DATE 12/12/2018	TIME 12:00

IF MOTOR VEHICLE ACCIDENT: ☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN

TYPE OF VEHICLE: ☐ AUTOMOBILE ☐ LIGHT TRUCK ☐ HEAVY TRUCK ☐ BICYCLE ☐ MOTORCYCLE ☐ OTHER: \_\_\_\_\_

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATION				
				NOSE	MOUTH	EARS	
EXTERNAL PHYSICAL EXAMINATION	Jaw <input type="checkbox"/> Complete <input type="checkbox"/>	Color _____	Beard _____ Hair _____	BLOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Neck <input type="checkbox"/> Absent <input type="checkbox"/>	Lateral <input type="checkbox"/>	Eyes: Color _____ Mustache _____	OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arms <input type="checkbox"/> Passing <input type="checkbox"/>	Posterior <input type="checkbox"/>	Opacities _____				
	Legs <input type="checkbox"/> Passed <input type="checkbox"/>	Anterior <input type="checkbox"/>	Pupils: R _____ L _____				
	Decomposed <input type="checkbox"/>	Regional _____	Body Length _____ Body Weight _____				

Significant observations and injury documentations - (Please use space below)

- NORMALLY DEVELOPED WHITE MALE NEWBORN.
- NO FATAL TRAUMA.
- MEDICAL INTERVENTION

Probable Cause of Death:

STILLBIRTH

Manner of Death:

Natural ☐ Accident ☐  
Suicide ☐ Homicide ☐  
Unknown ☐ Pending ☐  
Not Assigned ☒

Case disposition:

Autopsy YES  
Authorized by MARC HARRISON M.D.  
Pathologist MARC HARRISON M.D.  
Not a medical examiner case ☐

Other significant conditions contributing to death (but not resulting in the underlying cause given)

BREECH DELIVERY

MEDICAL EXAMINER:

Name, Address and Telephone No.

MARC HARRISON M.D.

921 N.E. 23rd ST

OKLAHOMA CITY, OK 73105

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.



Signature of Medical Examiner

MARC HARRISON M.D.

Computer generated report

12/11/2018

Date Case Initiated

5/24/2019

Date Case Finalize



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**CERTIFICATION**

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By \_\_\_\_\_

Date \_\_\_\_\_

## REPORT OF AUTOPSY

<b>Decedent</b>	<b>Age</b>	<b>Birth Date</b>	<b>Race</b>	<b>Sex</b>	<b>Case No</b>
<b>ROBERT JAMES TAYLOR, JR.</b>	<b>0 Day(s)</b>	<b>12/11/2018</b>	<b>WH</b>	<b>M</b>	<b>1806269</b>

**Authority for Autopsy**  
**MARC HARRISON, M.D.**

### FINDINGS

- I. Normally developed, full-term male neonate with no fatal trauma.
- II. Multiple medical interventions.

**COMMENT:** Toxicological analysis of heart blood was negative for ethyl alcohol (ethanol) as well aortic stenosis common drugs of abuse. Vitreous electrolytes, nasopharyngeal culture, and heart blood culture were unremarkable.

This full-term male neonate was reportedly delivered at home by a mid-wife. It was reported that he was a breech delivery and there were difficulties during the delivery. EMS responded and he was transported to the hospital where he was pronounced on 12/11/2018 at a time of 1651 at Purcell Municipal Hospital (see medical record for complete clinical course).

**CAUSE OF DEATH: STILLBIRTH**

**OSC: BREECH DELIVERY**

**MANNER OF DEATH: NOT ASSIGNED**

The facts stated herein are true and correct to the best of my knowledge and belief.

MARC HARRISON, M.D.

Pathologist

OCME Central Division

12/12/2018 12:00 PM

Location of Autopsy

Date and Time of Autopsy

**EXTERNAL EXAMINATION****DESCRIPTION**

Height	Weight	Eyes	Pupils	Opacities, Etc.	Hair	Beard	Mustache	Circumcised
20 in.	12 lbs.	Blue	R 4 mm L 4 mm	No	Brown			No
RIGOR (jaw, neck, back, legs, arm, chest, abd., complete)				LIVOR (color, anterior, posterior, lateral, regional)			Body Heat	
Complete				Purple, posterior, fixed			COOL	

**DESCRIPTION OF CLOTHING**

The body is unclothed; wrapped in a blanket.

**EVIDENCE OF MEDICAL TREATMENT**

- Large square defibrillator pad over the central chest x 1 and over the mid back x 1.
- Small circular monitor pads located over the right lower abdomen x 1 and the left lower abdomen x 1.
- IV catheter in the left antecubital fossa.
- IV catheter in the left anterior shin.
- ID band on the left ankle.
- Endotracheal tube in place.

**EXTERNAL EXAMINATION**

The body is that of an unembalmed, well-developed, well-nourished white male neonate appearing consistent with the reported age of a full-term neonate.

The scalp is unremarkable. The conjunctivae are clear with no petechial hemorrhages. The sclerae are white. The ears are normal. The patent ear canals contain no blood or fluid. The nose is intact with no hemorrhage or foreign material in the external nares. The teeth are absent (edentulous). The lips and oral mucosa are intact with no evidence of injury. There is no cleft palate or cleft lip noted. The head circumference is 38.5 cm; chest circumference is 36.5 cm; abdomen is 37 cm; crown-to-rump length is 38 cm; foot length is 8 cm, bilateral; and ear length is 3.5 cm, bilateral (these measurements are consistent with an average size full-term male neonate). There is an attached umbilical cord (15 cm in length x 1 cm in diameter, 5 twists, apparent three vessel). There is congestion and edema of the scrotum. The remainder of the neck, chest, abdomen, back, pelvis, and anogenital regions are intact and atraumatic. The remainder of the upper and lower extremities is unremarkable.

**EVIDENCE OF INJURY**

No fatal trauma identified.

**GROSS EXAMINATION**

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The body is opened through the customary “Y” shaped incision.

The subcutaneous fat (0.5 cm at greatest depth) is moist and bright yellow. The musculature through the chest and abdomen is rubbery, maroon, and shows no gross abnormality.

The sternum is removed in the customary fashion. The organs of the chest and abdomen are in their normal position and relationship. The liver edge extends approximately 2 cm below the right costal margin at the midclavicular line. The diaphragms are intact bilaterally.

**PARIETAL PLEURA:**

Smooth, glistening membrane without associated adhesions or abnormal effusions.

**PERICARDIUM:**

Is a smooth, glistening, intact membrane, and the pericardial cavity contains the normal amount of clear, straw-colored fluid.

**PERITONEUM:**

Smooth, glistening membrane in both the abdominal and pelvic cavities. The peritoneal cavity contains no abnormal fluid or adhesions.

**HEART:**

Weights 45 g. It has a normal configuration and location. There are no adhesions between the parietal and visceral pericardium, and the latter is a smooth, glistening, fat laden characteristic membrane. The coronary arteries arise and distribute normally with no significant atherosclerosis. The coronary ostia are normally located and widely patent. The chambers and atrial appendages are unremarkable. The foramen ovale is patent. The valves are normally formed and measure as follows: tricuspid 3.8 cm, pulmonic 2.0 cm, mitral 3.2 cm, and aortic 1.8 cm. The endocardium is a smooth, gray, glistening, translucent membrane uniformly. The myocardium is intact, rubbery, and red-tan. The left ventricle measures 0.8 cm, the septum measures 0.8 cm, and the right ventricle measures 0.2 cm. The papillary muscles and chordae tendineae are intact and unremarkable. The arch of the aorta is classically formed with no atherosclerosis. The ductus arteriosus is patent. Other great vessels also arise and distribute normally and are widely patent.

**NECK ORGANS:**

Musculature is normal, rubbery, and maroon, and the organs are freely movable in a midline position. The tongue is intact and normally papillated, without evidence of tumor or hemorrhage. The hyoid bone is intact. The thyroid cartilage is intact and without abnormality. The thyroid gland is symmetric, rubbery, light tan to maroon, and in its normal position without evidence of neoplasm. The epiglottis is a characteristic plate-like structure which shows no evidence of edema, trauma, or other gross pathology. The larynx is comprised of unremarkable vocal cords and folds, is widely patent without foreign material, and is lined by a smooth, glistening membrane. There are no petechiae of the epiglottis, laryngeal mucosa, or thyroid capsule.

**THYMUS:**

Weights 26 g. It is of normal configuration, soft, tan, and intact. The cut surface shows no pathology.

**LUNGS:**

The right lung weighs 46 g, and the left weighs 38 g. Visceral pleurae are smooth, glistening, and intact with no bleb formation. The overall configuration is normal. The trachea is widely patent and lined by a characteristic pink membrane. Likewise, the major bronchi and bronchioles bilaterally are patent, normally formed, and contain no significant occlusive material. The pulmonary arterial tree is free of emboli or thrombi. The parenchyma is uniformly spongy, varies from pink-tan to dark purple, and exudes moderate amounts of blood and clear, frothy edema fluid from its cut surfaces. There is no evidence of consolidation, granulomatous, or neoplastic disease. Hilar lymph nodes are within normal limits with relation to size, color, and consistency.

**G.I. TRACT:**

The esophagus shows an unremarkable mucosa, a patent lumen, and no evidence of gross pathology. The esophagogastric junction is unremarkable. The stomach is of normal configuration, is lined by a smooth, glistening, intact mucosa, has an unremarkable wall and serosa, and contains approximately 1 cc of greenish, creamy white liquid. The duodenum is patent, shows an unremarkable mucosa and no evidence of acute or chronic ulceration. Jejunum and ileum are unremarkable and contain soft brown fecal material. There is no Meckel's diverticulum. The ileocecal valve is intact and unremarkable. The appendix is present. The colon is examined segmentally and shows no evidence of neoplasm or trauma. There are no diverticula. Anus and rectum are unremarkable.

**LIVER:**

Weights 248 g. It is of normal configuration, rubbery, tan, and intact. Cut surface shows no pathology.

**GALLBLADDER:**

Lies in its usual position, contains liquid bile, no calculi, and shows a normal mucosa. The biliary tree is intact and patent without evidence of neoplasm or calculi.

**PANCREAS:**

Lies in its normal position, shows a normal configuration, is pink-tan and characteristically lobulated with no apparent gross pathology.

**SPLEEN:**

Weights 16 g. The capsule is intact. The organ is rubbery, maroon, and shows a characteristic follicular pattern.

**ADRENALS:**

Lie in their usual location, show yellow cortices and tan to gray medullae.

**KIDNEYS:**

The right kidney weighs 22 g and the left weighs 22 g. Both are configured normally with no abnormality. Sections show the organs to be moderately congested with unremarkable cortices, medullae and pelves. Ureters and blood vessels are patent and unremarkable.

**URINARY BLADDER:**

Contains no significant urine. Its serosa and mucosa are unremarkable.

**MALE GENITALIA:**

The prostate is symmetric, rubbery, gray-tan, and of normal size. The prostatic urethra is unremarkable. The testes are bilaterally present and show no evidence of tumor or inflammation. There is congestion of the testes. The investing membranes are unremarkable as is the epididymis.

**BRAIN AND MENINGES:**

The scalp is opened through the customary intermastoid incision and shows no trauma. The calvarium is removed through the use of an oscillating saw and is intact without evidence of osseous disease. The brain weighs 430 g. Dura and leptomeninges are smooth, glistening, translucent, and unremarkable without evidence of trauma. Cranial nerves and circle of Willis arise and distribute normally and show no significant pathology. Externally the brain is normally configured and symmetric, and multiple serial sections of cerebral hemispheres, pons, medulla, and cerebellum show no gross pathological change apart from congestion. The ventricular system is also symmetric and unremarkable. The base of the skull is intact without osseous abnormality.

**RIBS:**

Intact.

**PELVIS:**

Intact.

**VERTEBRAE:**

Intact.

**BONE MARROW:**

Moist and dark red. Unremarkable.

## **MICROSCOPIC EXAMINATION**

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Representative sections of the trachea, thymus, thyroid, esophagus, heart, kidneys, adrenals, spleen, pancreas, stomach, gallbladder, liver, small intestine, large intestine, urinary bladder, prostate, brain, testes, and bone marrow show no significant histopathology.

Representative sections of the lungs show abundant cellular debris (unspecified, possibly secondary to fetal distress) within the alveolar spaces.

December 13, 2018  
MH/kg



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**MARC HARRISON, M.D.**

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**REPORT OF LABORATORY ANALYSIS**

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By \_\_\_\_\_

Date \_\_\_\_\_

ME CASE NUMBER: 1806269

LABORATORY NUMBER: 184881

DECEDENT'S NAME: ROBERT JAMES TAYLOR, JR.

DATE RECEIVED: 12/13/2018

MATERIAL SUBMITTED: BLOOD, VITREOUS, LIVER, BRAIN, GASTRIC

HOLD STATUS: 60 DAYS

SUBMITTED BY: JASON SNIDER

MEDICAL EXAMINER: MARC HARRISON M.D.

**NOTES:**

**ETHYL ALCOHOL:**

Blood: NEGATIVE (Heart)

Vitreous:

Other:

**CARBON MONOXIDE**

Blood:

**TESTS PERFORMED:**

ALKALINE DRUG SCREEN - (Heart Blood)

EIA - (Heart Blood) - Amphetamine, Methamphetamine, Fentanyl, Cocaine, Opiates, PCP, Barbiturates, Benzodiazepines  
(The EIA panel does not detect Oxycodone, Methadone, Lorazepam or Clonazepam)

**RESULTS:**

NONE DETECTED

01/09/2019

DATE



BYRON CURTIS, PH.D., F-ABFT, Chief Forensic Toxicologist